



LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

MARK E. RECKTENWALD
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

JO ANN M. UCHIDA
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670
TELEPHONE: (808) 586-2660
www.hawaii.gov/dcca/rico

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
134A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, ROOM 204
LIHUE, HAWAII 96766

No Rules Combat Event Review Application

I. APPLICANT INFORMATION:

Applicant Name

(First)

(Middle)

(Last)

Organization/business

Mailing Address

Business Address

Phone number
(7:45 a.m. – 4:30 p.m.)

Cell phone number

Facsimile number

E-mail address

II. EVENT INFORMATION:

Date & time of event

Location of event

Date & time of weigh-in

Location of weigh-in

III. EVENT RULES:

Attach a copy of the rules and other restrictions for the event

IV. CONTESTANT INFORMATION:

For each contestant and potential alternate who may participate at the event, attach on a separate paper the following information:

- A. Full legal name
- B. All aliases used
- C. Mailing address
- D. Telephone number
- E. E-mail address
- F. Date of birth
- G. Date of last physical examination
- H. Name, address, and phone number of the physician certifying that the contestant or alternate is physically fit to compete

V. REFEREE INFORMATION:

For each referee at the event, attach on a separate paper the following information:

- A. Full legal name
- B. All aliases used
- C. Mailing address
- D. Telephone number
- E. E-mail address
- F. Date of birth
- G. Date of last physical examination
- H. Name, address, and phone number of the physician who conducted the physical examination
- I. Date of last eye examination
- J. Name, address, and phone number of the physician who conducted the eye examination
- K. Years of experience as referee
- L. List referee experience

VI. PHYSICIAN INFORMATION:

For each physician to be present at ringside at the event, attach on a separate paper the following information:

- A. Full legal name
- B. All aliases used
- C. Mailing address
- D. Telephone number
- E. E-mail address
- F. Medical license number

VII. REVIEW & ENFORCEMENT FEE:

Attach \$500.00 check or money order made payable to “Department of Commerce and Consumer Affairs” or “DCCA”

The submission of false information in or with this application shall constitute a violation of Hawaii Revised Statutes chapter 440D, which is punishable with a fine of up to \$10,000.00 for each offense as well as an injunction preventing the event from occurring. Upon review of this application, you will be sent a written rejection or approval of your event. Unless you receive written approval of your event, your event has not been approved by the Department of Commerce and Consumer Affairs and holding the event may result in a fine under Hawaii Revised Statutes chapter 440D.

Applicant Signature:_____ Date:_____